


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90228 016 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000002772					
1. Corporation Name DOMESTIC VIOLENCE TASK FORCE, INC.					
Principal Place of Business P.O. BOX 4596 FT. PIERCE FL 34948-4596			Mailing Address P.O. BOX 4596 FT. PIERCE FL 34948-4596		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/13/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0552589	
24 Country		29 Country		30 Country	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>				\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
PERRON, BRANDON A 326 SOUTH 2ND STREET FORT PIERCE FL 34950			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BLEYMAN, REBECCA			1.2 NAME	NOLLIE ROBINSON		
STREET ADDRESS	P.O. BOX 4596 (N/A)			1.3 STREET ADDRESS	PO BOX 4596 (N/A)		
CITY-ST-ZIP	FT. PIERCE FL 34948-4596			1.4 CITY-ST-ZIP	FT PIERCE, FL 34948-4596		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COY, JOANNE			2.2 NAME	Kay DAVENPORT		
STREET ADDRESS	P.O. BOX 4596 (N/A)			2.3 STREET ADDRESS	PO BOX 4596 (N/A)		
CITY-ST-ZIP	FT. PIERCE FL 34948-4596			2.4 CITY-ST-ZIP	FT. PIERCE, FL 34948-4596		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	SD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PARK, LYNN			3.2 NAME	JENNIFER L. GILBERT		
STREET ADDRESS	P.O. BOX 4596 (N/A)			3.3 STREET ADDRESS	PO BOX 4596 (N/A)		
CITY-ST-ZIP	FT. PIERCE FL 34948-4596			3.4 CITY-ST-ZIP	FT PIERCE, FL 34948-4596		
TITLE	T	<input type="checkbox"/> DELETE		4.1 TITLE	David Smith	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBINSON, NOLLIE			4.2 NAME	David Smith		
STREET ADDRESS	P.O. BOX 4596 (N/A)			4.3 STREET ADDRESS	PO BOX 4596 (N/A)		
CITY-ST-ZIP	FT. PIERCE FL 34948-4596			4.4 CITY-ST-ZIP	FT. PIERCE, FL 34948-4596		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

David A Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3933

CR2E037 (11/98)